

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA  
2001/02  
FORM

460

Page 1 of 108

For Official Use Only

Statement covers period

from 07/01/2010

through 09/30/2010

Date of election if applicable:  
(Month, Day, Year)

11/02/2010

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☒ Ballot Measure Committee  
☒ Primary Formed  
☐ Controlled  
☒ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☒ Pre-election Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☒ Amendment (Explain below)

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

AMENDMENT TO DISCLOSE ADDITIONAL ACCRUED EXPENSE AND SUBVENDOR  
ALLOCATION AND TO INCLUDE PROPONENTS'  
SIGNATURES

## 3. Committee Information

I.D. NUMBER  
1322292

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE  
YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL  
GOVERNMENT, TRANSPORTATION AND TAXPAYERS

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415)389-6800

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER  
STEVEN S. LUCAS

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

NAME OF ASSISTANT TREASURER, IF ANY  
JENNIE UNGER EDDY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/11/2010 By STEVEN S. LUCAS  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/15/2010 By CHRIS MCKENZIE  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on 11/15/2010 By JOSH SHAW  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

Recipient Committee  
Campaign Statement  
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 108

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

PROPOSITION 22

BALLOT NO. OR LETTER

JURISDICTION

STATEWIDE - NOVEMBER 2010

☒ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

CHRIS MCKENZIE - STATE MEASURE PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Committee**

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 3 of 108

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

## 6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

JOSH SHAW - STATE MEASURE PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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## 7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2010 through 09/30/2010	<b>CALIFORNIA FORM 460</b> Page 4 of 108 I.D. NUMBER 1322292
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$902,957.06	\$3,682,010.11
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$902,957.06	\$3,682,010.11
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$902,957.06	\$3,682,010.11

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$636,060.13	\$3,356,395.15
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$636,060.13	\$3,356,395.15
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$177,989.55	\$424,109.71
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$814,049.68	\$3,780,504.86

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$137,962.23	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$902,957.06	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$56.37	
15. Cash Payments .....	Column A, Line 8 above	\$636,060.13	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$404,915.53	
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$0.00	

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$424,109.71

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2010		
through 09/30/2010		Page 5 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number  
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/1/2010	CALIFORNIA LEGISLATIVE BOARD, UNITED TRANSPORTATION UNION Sacramento, CA 95814 Committee ID: 745910	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$75,000.00	
7/6/2010	CALIFORNIA REDEVELOPMENT ASSOCIATION (NON-PUBLIC FUNDS) SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$18,820.00	\$83,820.00	
7/12/2010	LEAGUE OF CALIFORNIA CITIES CITIPAC SACRAMENTO, CA 95814 Committee ID: 1254399	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100,000.00	\$750,000.00	
7/13/2010	LEAGUE OF CALIFORNIA CITIES (NON-PUBLIC FUNDS) SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$35,000.00	\$1,275,000.00	
7/19/2010	CALIFORNIA CONFERENCE BOARD AMALGAMATED TRANSIT UNION ISSUES COMMITTEE SACRAMENTO, CA 95828 Committee ID: 971783	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$30,000.00	\$55,000.00	

**SUBTOTAL**

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) ..... \$902,011.16

2. Amount received this period - unitemized contributions of less than \$100 ..... \$945.90

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL** \$902,957.06

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 6 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number  
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/19/2010	THE JOHN STEWART COMPANY San Francisco, CA 94109	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
7/20/2010	PAUL THIMMIG San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	QUINT & THIMMIG LLP ATTORNEY AT LAW	\$2,000.00	\$2,000.00	
7/23/2010	ROGER KOHLMEIER Woodland, CA 95695	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00	\$100.00	
7/26/2010	BILL QUIRK Hayward, CA 94542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY OF HAYWARD COUNCILMEMBER	\$250.00	\$250.00	
8/2/2010	STEPHEN DUKETT La Verne, CA 91750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	URBAN FUTURES, INC. MANAGING PRINCIPAL	\$100.00	\$100.00	
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)





Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 7 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number  
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/4/2010	WOODLAND MID-MANAGEMENT PROFESSIONAL ASSOCIATION PAC Woodland, CA 95695 Committee ID: 1326329	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
8/6/2010	ABC Companies Faribault, MN 55021 Memo Reference: INC932	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	ACS: A XEROX COMPANY COLUMBIA, MD 21046 Memo Reference: INC933	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	AECOM Oakland, CA 94612 Memo Reference: INC934	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	AFFILIATED COMPUTER SERVICES FAIRFAX, VA 22031 Memo Reference: INC935	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.






SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2010</u>		<b>CALIFORNIA FORM 460</b>
through <u>09/30/2010</u>		
Page <u>8</u> of <u>108</u>		I.D. Number 1322292

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/6/2010	American Moving Parts Los Angeles, CA 90021 Memo Reference: INC936	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	American Seating Company Grand Rapids, MI 49504 Memo Reference: INC937	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Apollo Video Technology Woodinville, WA 98072 Memo Reference: INC938	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	A-Z Bus Sales, Inc. Colton, CA 92324 Memo Reference: INC939	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Bauer's Intelligent Transportation San Francisco, CA 94111 Memo Reference: INC940	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2010		
through 09/30/2010		Page 9 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number  
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/6/2010	Bickmore Risk Services & Consulting Sacramento, CA 95833 Memo Reference: INC941	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Bombardier Transportation Rocklin, CA 95765 Memo Reference: INC942	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Brown Armstrong Accountancy Corporation Bakersfield, CA 93309 Memo Reference: INC943	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	BUS STUF, INC. OAKLAND, CA 94610 Memo Reference: INC944	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$220.90	\$220.90	
8/6/2010	Buswest Carson, CA 90745 Memo Reference: INC945	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)





Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 10 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/6/2010	C.E. Niehoff & Co. Evanston, IL 60202 Memo Reference: INC946	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	CALIFORNIA TRANSIT ASSOCIATION (NON-PUBLIC FUNDS) Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$0.00	\$127,000.05	
8/6/2010	CHK America, Inc. Santa Barbara, CA 93105 Memo Reference: INC947	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$220.90	\$220.90	
8/6/2010	Clean Energy Seal Beach, CA 90740 Memo Reference: INC948	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	CLEVER DEVICES LTD PLAINVIEW, NY 11803 Memo Reference: INC949	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$220.90	\$220.90	
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 11 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number  
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/6/2010	Complete Coach Works Riverside, CA 92507 Memo Reference: INC950	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Creative Bus Sales Chino, CA 91710 Memo Reference: INC951	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Cubic Transportation Systems San Diego, CA 92111 Memo Reference: INC952	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Cummins Cal Pacific, LLC Irvine, CA 92606 Memo Reference: INC953	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Cummins West, Inc. San Leandro, CA 94577 Memo Reference: INC954	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)






Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2010		
through 09/30/2010		Page 12 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number  
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/6/2010	Diamond Manufacturing, Inc. North Kansas City, MO 64116 Memo Reference: INC955	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Digital Recorders, Inc. Durham, NC 27703 Memo Reference: INC956	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	El Dorado National Riverside, CA 92509 Memo Reference: INC957	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Finley and Cook, PLLC Shawnee, OK 74802 Memo Reference: INC959	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Firetrace International Scottsdale, AZ 85050 Memo Reference: INC960	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2010 through 09/30/2010		<b>CALIFORNIA FORM 460</b> Page 13 of 108
I.D. Number 1322292		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/6/2010	First Transit, Inc. Cincinnati, OH 45202 Memo Reference: INC961	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Gannett Fleming, Inc. Mill Valley, CA 94941 Memo Reference: INC962	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$220.90	\$220.90	
8/6/2010	GFI-Genfare Elk Grove Village, IL 60007 Memo Reference: INC963	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Gillig LLC Hayward, CA 94545 Memo Reference: INC964	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$20,294.53	
8/6/2010	Hanson Bridgett LLP San Francisco, CA 94105 Memo Reference: INC965	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2010		
through 09/30/2010		Page 14 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number  
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/6/2010	Hatch Mott MacDonald Pleasanton, CA 94588 Memo Reference: INC966	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	HNTB Corporation Santa Ana, CA 92707 Memo Reference: INC967	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Holdsworth North America Westminster, CO 80031 Memo Reference: INC968	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$220.90	\$220.90	
8/6/2010	ISE Corporation Poway, CA 92064 Memo Reference: INC969	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Keenan & Associates Torrance, CA 90501 Memo Reference: INC970	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
<b>SUBTOTAL</b>						






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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2010</u>		<b>CALIFORNIA FORM 460</b>
through <u>09/30/2010</u>		
		Page <u>15</u> of <u>108</u>
NAME OF FILER YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS		I.D. Number 1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/6/2010	Lift-U Escalon, CA 95320 Memo Reference: INC971	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$220.90	\$220.90	
8/6/2010	LTK Engineering Services Los Angeles, CA 90017 Memo Reference: INC972	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Mackenzie Laboratories, Inc. Glendora, CA 91740 Memo Reference: INC973	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$220.90	\$220.90	
8/6/2010	MAGTEC PRODUCTS (USA), INC. WILLOWBROOK, IL 60527 Memo Reference: INC974	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	MAINTENANCE DESIGN GROUP LLC DENVER, CO 80202 Memo Reference: INC975	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$220.90	\$220.90	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2010</u>		<b>CALIFORNIA FORM 460</b>
through <u>09/30/2010</u>		
		Page <u>16</u> of <u>108</u>
NAME OF FILER YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS		I.D. Number 1322292

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/6/2010	Motor Coach Industries, Inc. Schaumburg, IL 60173 Memo Reference: INC976	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	MV Transportation, Inc. Fairfield, CA 94534 Memo Reference: INC977	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	N/S Corporation Inglewood, CA 90301 Memo Reference: INC978	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$220.90	\$220.90	
8/6/2010	NATIONAL INSURANCE CONSULTANTS INC. LAS VEGAS, NV 89117 Memo Reference: INC979	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$220.90	\$220.90	
8/6/2010	Nelson/Nygaard Consulting Associates San Francisco, CA 94103 Memo Reference: INC980	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)






Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 17 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number  
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/6/2010	NextBus, Inc. Alameda, CA 94501 Memo Reference: INC981	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$220.90	\$220.90	
8/6/2010	North American Bus Industries, Inc. Lake Elsinore, CA 92532 Memo Reference: INC982	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	On Time Consulting Services, Inc. Yorba Linda, CA 92886 Memo Reference: INC983	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$220.90	\$220.90	
8/6/2010	ORRICK, HERRINGTON & SUTCLIFFE, LLP SAN FRANCISCO, CA 94105 Memo Reference: INC984	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Paratransit Inc Sacramento, CA 95822 Memo Reference: INC985	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2010		
through 09/30/2010		Page 18 of 108
		I.D. Number 1322292

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/6/2010	PB Americas, Inc Orange, CA 92868 Memo Reference: INC986	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$5,294.53	
8/6/2010	PROINTEC USA SACRAMENTO, CA 95814 Memo Reference: INC987	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Proterra Golden, CO 80403 Memo Reference: INC988	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Psomas Civil Engineers & Land Surveyors San Diego, CA 92123 Memo Reference: INC989	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	PUBLIC FINANCIAL MANAGEMENT, INC. SAN FRANCISCO, CA 94111 Memo Reference: INC990	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$4,294.53	
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2010		
through 09/30/2010		Page 19 of 108
		I.D. Number 1322292

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NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/6/2010	Q'straint Ft. Lauderdale, FL 33312 Memo Reference: INC992	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Ricon Corporation - A Wabtec Company Panorama City, CA 91402 Memo Reference: INC993	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$220.90	\$220.90	
8/6/2010	Routematch Software Atlanta, GA 30309 Memo Reference: INC994	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$220.90	\$220.90	
8/6/2010	Safety Vision N. Houston, TX 77041 Memo Reference: INC995	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Southern California Gas Company Los Angeles, CA 90013 Memo Reference: INC996	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2010</u>		<b>CALIFORNIA FORM 460</b>
through <u>09/30/2010</u>		
		Page <u>20</u> of <u>108</u>
NAME OF FILER YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS		I.D. Number 1322292

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8/6/2010	SOUTHLAND TRANSIT, INC. EL MONTE, CA 91731 Memo Reference: INC997	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Stratagen Systems, Inc. Kirkland, WA 98034 Memo Reference: INC998	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	STV Incorporated Rancho Cucamonga, CA 91730 Memo Reference: INC999	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Tectrans Inc. Los Angeles, CA 90045 Memo Reference: INC1000	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Thermo King Corporation Clayton, CA 94517 Memo Reference: INC1001	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)






Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 21 of 108

SEE INSTRUCTIONS ON REVERSE

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I.D. Number  
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/6/2010	Transit Marketing Group Boulder, CO 80301 Memo Reference: INC1002	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$220.90	\$220.90	
8/6/2010	TRANSMETRICS INC. CAMPBELL, CA 95008 Memo Reference: INC1003	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$220.90	\$220.90	
8/6/2010	TransTrack Systems, Inc. Long Beach, CA 90803 Memo Reference: INC1004	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$220.90	\$2,720.90	
8/6/2010	TRAPEZE SOFTWARE GROUP INC. SCOTTSDALE, AZ 85258 Memo Reference: INC1005	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Trillium USA, LLC Salt Lake City, UT 84106 Memo Reference: INC1006	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE A (CONT.)






Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page <u>22</u> of <u>108</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number  
1322292

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8/6/2010	TwinVision Na, Inc. Durham, NC 27703 Memo Reference: INC1007	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	USSC/4ONE, LLC BUENA VISTA, CO 81211 Memo Reference: INC1008	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Valley Power Systems, Inc. City Of Industry, CA 91745 Memo Reference: INC1009	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Vapor Bus International - A Wabtec Company Buffalo Grove, IL 60089 Memo Reference: INC1010	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/6/2010	Voith Turbo, Inc. Sacramento, CA 95834 Memo Reference: INC1011	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2010</u> through <u>09/30/2010</u>		<b>CALIFORNIA FORM 460</b> Page <u>23</u> of <u>108</u> I.D. Number 1322292

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/6/2010	ZF Industries, Inc. San Diego, CA 92130 Memo Reference: INC1012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$294.53	\$294.53	
8/8/2010	JOHN SHIREY SACRAMENTO, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$750.00	
8/9/2010	CALIFORNIA CONTRACT CITIES ASSOCIATION A POLITICAL ACTION COMMITTEE Downey, CA 90241 Committee ID: 782174	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$15,000.00	
8/11/2010	LEAGUE OF CALIFORNIA CITIES (NON-PUBLIC FUNDS) SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$35,000.00	\$1,275,000.00	
8/16/2010	LEAGUE OF CALIFORNIA CITIES CITIPAC SACRAMENTO, CA 95814 Committee ID: 1254399	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100,000.00	\$750,000.00	
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 24 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

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8/18/2010	RENNE SLOAN HOLTZMAN SAKAI, LLP San Francisco, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
8/20/2010	D. ANTHONY MIZE Rancho Cucamonga, CA 91730	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NATIVE BUILDING CORPORATION AFFORDABLE HOUSING	\$250.00	\$250.00	
8/23/2010	CALIFORNIA LEGISLATIVE BOARD, UNITED TRANSPORTATION UNION Sacramento, CA 95814 Committee ID: 745910	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$30,000.00	\$75,000.00	
8/30/2010	CAROL AUGUSTINE Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY OF MENLO PARK MUNICIPAL FINANCE OFFICER	\$100.00	\$100.00	
8/30/2010	CALIFORNIA LEGISLATIVE BOARD, UNITED TRANSPORTATION UNION Sacramento, CA 95814 Committee ID: 745910	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20,000.00	\$75,000.00	
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2010</u>		<b>CALIFORNIA FORM 460</b>
through <u>09/30/2010</u>		
		Page <u>25</u> of <u>108</u>
NAME OF FILER YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS		I.D. Number 1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2010	MID PENINSULA HOUSING COALITION Foster City, CA 94404	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
9/1/2010	JAMES CERVANTES Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STONE & YOUNGBERG INVESTMENT BANKER	\$250.00	\$250.00	
9/3/2010	CALIFORNIA PUBLIC SECURITIES ASSOCIATION PUBLIC POLICY ISSUES FUND Pleasant Hill, CA 94523 Committee ID: 970820	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150,000.00	\$150,000.00	
9/7/2010	NEW PACIFIC REALTY CORPORATION Beverly Hills, CA 90210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
9/7/2010	PRIME SHINE, INC. MODESTO, CA 95354	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 26 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

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9/7/2010	PUBLIC FINANCIAL MANAGEMENT, INC. SAN FRANCISCO, CA 94111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,000.00	\$4,294.53	
9/8/2010	LEAGUE OF CALIFORNIA CITIES (NON-PUBLIC FUNDS) SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00	\$1,275,000.00	
9/10/2010	URBAN FUTURES, INC. ORANGE, CA 92865	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$6,260.00	
9/16/2010	JAMES ANDERSON Lake Forest, CA 92630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	McFARLIN & ANDERSON LLP ATTORNEY AT LAW	\$100.00	\$100.00	
9/16/2010	JOHN CARLISLE Merced, CA 95340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00	\$100.00	
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2010		
through 09/30/2010		Page 27 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

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9/16/2010	ALONZO CARROLL La Habra Heights, CA 90631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$200.00	\$200.00	
9/16/2010	HOWARD CHAMBERS Brea, CA 92821	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY OF LAKEWOOD CITY MANAGER	\$100.00	\$100.00	
9/16/2010	KEITH CURRY Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PFM GROUP FINANCIAL ADVISOR	\$100.00	\$100.00	
9/16/2010	PAT EKLUND Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UNITED STATES GOVERNMENT SENIOR POLICY MANAGER	\$100.00	\$100.00	
9/16/2010	RITA GELDERT Oceanside, CA 92057	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY OF VISTA CITY MANAGER	\$100.00	\$100.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 28 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

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9/16/2010	TOM GLANCY Thousand Oaks, CA 91362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED: TOM GLANCY DENTIST	\$100.00	\$100.00	
9/16/2010	JOE GONSALVES Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JOE GONSALVES & SON LEGISLATIVE ADVOCATE	\$2,000.00	\$2,000.00	
9/16/2010	JOE HOEFGEN Palos Verdes Estates, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY OF PALOS VERDES ESTATES CITY MANAGER	\$100.00	\$100.00	
9/16/2010	PATRICK JOHNSON San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY OF VISTA GOVERNMENT ADMINISTRATION	\$100.00	\$100.00	
9/16/2010	HELEN KAWAGOE Carson, CA 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY OF CARSON CITY CLERK	\$100.00	\$100.00	
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 29 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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9/16/2010	KM CONSULTING Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
9/16/2010	MARY ANN LUTZ Monrovia, CA 91016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LUTZ & CO CONSULTANT	\$100.00	\$100.00	
9/16/2010	CHRISTOPHER MCKENZIE Berkeley, CA 94708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LEAGUE OF CALIFORNIA CITIES EXECUTIVE	\$1,000.00	\$1,000.00	
9/16/2010	JUDY MITCHELL Rolling Hills Estate, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED: JUDY MITCHELL ATTORNEY AT LAW	\$100.00	\$100.00	
9/16/2010	SCOTT MITNICK Thousand Oaks, CA 91362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY OF THOUSAND OAKS CITY MANAGER	\$100.00	\$100.00	
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 30 of 108

SEE INSTRUCTIONS ON REVERSE

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9/16/2010	LORI MOSS Murrieta, CA 92562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY OF CANYON LAKE CITY MANAGER	\$100.00	\$100.00	
9/16/2010	ANDREW NATKER Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HAAGEN COMPANY REAL ESTATE DEVELOPER	\$200.00	\$200.00	
9/16/2010	ALEX PEREZ Colton, CA 92324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LIFESTREAM DRIVER	\$100.00	\$100.00	
9/16/2010	GARY POKORNY EL CERRITO, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY OF WALNUT CREEK CITY ADMINISTRATOR	\$100.00	\$100.00	
9/16/2010	EDWARD WAAGE Pismo Beach, CA 93449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00	\$100.00	

**SUBTOTAL**

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SCHEDULE A (CONT.)

Statement covers period from 07/01/2010 through 09/30/2010		<b>CALIFORNIA FORM 460</b> Page 31 of 108
I.D. Number 1322292		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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9/17/2010	CHARLOTTE CRAVEN Camarillo, CA 93010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY OF CAMARILLO CITY COUNCILMEMBER	\$100.00	\$100.00	
9/17/2010	JAMES GOODHART Palos Verdes Estates, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00	\$100.00	
9/17/2010	DONALD KUEHNE Hercules, CA 94547	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHEVRON CHEMICAL ENGINEER	\$100.00	\$100.00	
9/17/2010	JAMES MADAFFER San Diego, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED: JAMES MADAFFER CONSULTANT	\$125.00	\$125.00	
9/17/2010	PARADISE CINEMA, INC. Paradise, CA 95969	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
<b>SUBTOTAL</b>						

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 IND - Individual  
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       (other than PTY or SCC)  
 OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2010</u> through <u>09/30/2010</u>		<b>CALIFORNIA FORM 460</b> Page <u>32</u> of <u>108</u>
I.D. Number 1322292		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2010	SAM PATEL Blythe, CA 92225	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AMERICA'S BEST VALUE INN - BLYTHE HOTELIER	\$100.00	\$100.00	
9/17/2010	HELEN PEAK ESCONDIDO, CA 92029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED; HELEN PEAK, ATTORNEY-AT-LAW ATTORNEY	\$1,000.00	\$1,000.00	
9/17/2010	JULIE PIERCE Clayton, CA 92324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY OF CLAYTON CITY COUNCILMEMBER	\$100.00	\$100.00	
9/20/2010	TERRI CASSIDY Laguna Niguel, CA 92677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY OF NEWPORT BEACH HUMAN RESOURCES DIRECTOR	\$100.00	\$100.00	
9/20/2010	MEMBERS' VOICE OF THE STATE BUILDING TRADES Sacramento, CA 95814 Committee ID: 980162	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150,000.00	\$150,000.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2010</u>		<b>CALIFORNIA FORM 460</b>
through <u>09/30/2010</u>		
		Page <u>33</u> of <u>108</u>
NAME OF FILER YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS		I.D. Number 1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/21/2010	WILLIAM LOCKARD San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STONE & YOUNGBERG BANKER	\$500.00	\$500.00	
9/21/2010	THOMAS SAFRAN Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED: THOMAS SAFRAN & ASSOCIATES CONSULTANT	\$500.00	\$500.00	
9/21/2010	DAVID SANDER Sacramento, CA 95827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED: DAVID SANDER CONSULTANT	\$100.00	\$100.00	
9/22/2010	APPLY-A-LINE, INC. PACIFIC, WA 98047	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/22/2010	TransTrack Systems, Inc. Long Beach, CA 90803	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,720.90	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 34 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number  
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/2010	HARRY O'BRIEN SAN FRANCISCO, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COBLENTZ, ET AL. ATTORNEY AT LAW	\$100.00	\$100.00	
9/24/2010	BOYETT PETROLEUM MODESTO, CA 95350	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
9/24/2010	E & J GALLO WINERY MODESTO, CA 95354	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
9/27/2010	3D VISIONS SAN FRANCISCO, CA 94103 Memo Reference: INC699	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	A. PLESCIA & CO. SACRAMENTO, CA 95831 Memo Reference: INC700	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 35 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/27/2010	ABODE COMMUNITIES LOS ANGELES, CA 90013 Memo Reference: INC701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$380.00	\$380.00	
9/27/2010	APPLIED DEVELOPMENT ECONOMICS WALNUT CREEK, CA 94596 Memo Reference: INC702	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	BAY AREA ECONOMICS EMERYVILLE, CA 94608 Memo Reference: INC703	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	BEST, BEST & KRIEGER, LLP SAN DIEGO, CA 92101 Memo Reference: INC698	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,060.00	\$2,060.00	
9/27/2010	BETH STOCHL ASSOCIATES SOUTH PASADENA, CA 91030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)






Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 36 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

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9/27/2010	BRANDYWINE HOMES IRVINE, CA 92606 Memo Reference: INC705	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	BROOKFIELD HOMES COSTA MESA, CA 92626 Memo Reference: INC706	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$800.00	\$800.00	
9/27/2010	BURKE, WILLIAMS & SORENSEN LLP RIVERSIDE, CA 92501 Memo Reference: INC707	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$850.00	\$850.00	
9/27/2010	BURNS & WATRY, INC. FORT BRAGG, CA 95437 Memo Reference: INC708	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	CENTURY HOUSING CORPORATION CULVER CITY, CA 90230 Memo Reference: INC709	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$380.00	\$380.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2010</u>		<b>CALIFORNIA FORM 460</b>
through <u>09/30/2010</u>		
Page <u>37</u> of <u>108</u>		I.D. Number 1322292

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NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

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9/27/2010	CIM GROUP LLC LOS ANGELES, CA 90028 Memo Reference: INC710	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	DALEY & HEFT SOLANA BEACH, CA 92075 Memo Reference: INC711	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$850.00	\$850.00	
9/27/2010	DAVID PAUL ROSEN & ASSOCIATES OAKLAND, CA 94612 Memo Reference: INC712	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	DESMOND, MARCELLO & AMSTER LOS ANGELES, CA 90045 Memo Reference: INC713	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$800.00	\$800.00	
9/27/2010	ENVIRONMENTAL RESOURCES MANAGEMENT SACRAMENTO, CA 95833 Memo Reference: INC714	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$800.00	\$800.00	
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)






Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2010		
through 09/30/2010		Page 38 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

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9/27/2010	FRASER & ASSOCIATES ROSEVILLE, CA 95661 Memo Reference: INC715	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	GANGI DEVELOPMENT BURBANK, CA 91502 Memo Reference: INC716	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$800.00	\$800.00	
9/27/2010	GRAPHIC SOLUTIONS, LTD. SAN DIEGO, CA 92113 Memo Reference: INC717	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	GRC ASSOCIATES, INC. COVINA, CA 91724 Memo Reference: INC719	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	GREEN, DE BORTNOWSKY & QUINTANILLA LLP CALABASAS, CA 91302 Memo Reference: INC720	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$850.00	\$850.00	
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2010</u> through <u>09/30/2010</u>		<b>CALIFORNIA FORM 460</b> Page <u>39</u> of <u>108</u> I.D. Number 1322292

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9/27/2010	GRESHAM SAVAGE NOLAN & TILDEN, APC SAN BERNARDINO, CA 92408 Memo Reference: INC718	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$850.00	\$3,350.00	
9/27/2010	HAAGEN COMPANY LLC EL SEGUNDO, CA 90245 Memo Reference: INC721	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	HDL COREN & CONE DIAMOND BAR, CA 91765 Memo Reference: INC722	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$800.00	\$900.00	
9/27/2010	HIGGINS, MARCUS & LOVETT, INC. LOS ANGELES, CA 90017 Memo Reference: INC723	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	HINDERLITER, DE LLAMAS AND ASSOCIATES DIAMOND BAR, CA 91765 Memo Reference: INC724	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)






Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2010		
through 09/30/2010		Page 40 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

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9/27/2010	INTERNATIONAL PARKING DESIGN, INC. SHERMAN OAKS, CA 91423 Memo Reference: INC725	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	JOHN MEYER CONSULTING TEMECULA, CA 92592 Memo Reference: INC726	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	KDF COMMUNITIES DANA POINT, CA 92629 Memo Reference: INC727	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$800.00	\$800.00	
9/27/2010	KITAHATA & COMPANY HILO, HI 96720 Memo Reference: INC728	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	KLEINFELDER, INC. OAKLAND, CA 94612 Memo Reference: INC729	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
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SCHEDULE A (CONT.)

Statement covers period from 07/01/2010 through 09/30/2010		<b>CALIFORNIA FORM 460</b> Page 41 of 108
I.D. Number 1322292		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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9/27/2010	KNN PUBLIC FINANCE OAKLAND, CA 94612 Memo Reference: INC730	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$800.00	\$800.00	
9/27/2010	KRONICK, MOSKOVITZ, TIEDEMANN & GIRARD SACRAMENTO, CA 95814 Memo Reference: INC731	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$850.00	\$850.00	
9/27/2010	MERCY HOUSING CALIFORNIA WEST SACRAMENTO, CA 95691 Memo Reference: INC732	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$380.00	\$380.00	
9/27/2010	PALADIN LAW GROUP, LLP WALNUT CREEK, CA 94595 Memo Reference: INC733	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$850.00	\$850.00	
9/27/2010	PMC RANCHO CORDOVA, CA 95670 Memo Reference: INC734	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2010 through 09/30/2010		<b>CALIFORNIA FORM 460</b> Page 42 of 108
I.D. Number 1322292		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/27/2010	ROMA DESIGN GROUP SAN FRANCISCO, CA 94133 Memo Reference: INC735	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	SANLI PASTORE & HILL, INC. LOS ANGELES, CA 90025 Memo Reference: INC736	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	SOUTHERN CALIFORNIA CHAPTER OF THE MULTIPLE SCLEROSIS SOCIETY LOS ANGELES, CA 90064 Memo Reference: INC737	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	SOUTHERN CALIFORNIA HOUSING RESOURCE & DEVELOPMENT, LLC UPLAND, CA 91786 Memo Reference: INC738	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	TIERRA WEST ADVISORS, INC. LOS ANGELES, CA 90033 Memo Reference: INC739	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$800.00	\$800.00	
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2010		
through 09/30/2010		Page 43 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number  
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/27/2010	TRIANGLE ASSOCIATES LLC/SIGALA, INC. CLOVIS, CA 93611 Memo Reference: INC740	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	VERNAZZA WOLFE ASSOCIATES, INC. OAKLAND, CA 94618 Memo Reference: INC741	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$550.00	
9/27/2010	WATRY DESIGN, INC. REDWOOD CITY, CA 94063 Memo Reference: INC742	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	WOLF & COMPANY INC. DANA POINT, CA 92629 Memo Reference: INC743	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/27/2010	WRNS STUDIO, LLP SAN FRANCISCO, CA 94107 Memo Reference: INC744	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 44 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number  
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2010	YVONNE HUNTER DAVIS, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CLIMATE CHANGE ACTION NETWORK PROGRAM DIRECTOR	\$100.00	\$100.00	
9/29/2010	KENNETH LEE SANTA ANA, CA 92701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ROSENOW SPEVACEK GROUP SENIOR ASSOCIATE	\$250.00	\$250.00	
9/29/2010	JOHN LEONARD SANTA ANA, CA 92701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ROSENOW SPEVACEK GROUP SENIOR ANALYST	\$150.00	\$150.00	
9/29/2010	SAMUELSON & FETTER LLC LOS ANGELES, CA 90039	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
9/30/2010	SUSAN BLOCH OAKLAND, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MEYERS, NAVE, RIBACK, SILVER & WILSON ATTORNEY	\$100.00	\$100.00	
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 45 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number  
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2010	EQUITY RESIDENTIAL CHICAGO, IL 60606	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
9/30/2010	Gillig LLC Hayward, CA 94545	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20,000.00	\$20,294.53	
9/30/2010	GOLDFARB & LIPMAN LLP OAKLAND, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$17,650.00	
9/30/2010	DEBBIE KERN GREENBRAE, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KEYSER MARSTON ASSOCIATES ECONOMIC ANALYST	\$250.00	\$250.00	
9/30/2010	MARIE MUNSON OAKLAND, CA 94618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 46 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. Number  
1322292

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2010	DAVID RICHMAN MAMMOTH LAKES, CA 93546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED: DAVID RICHMAN SELF-EMPLOYED	\$200.00	\$300.00	
9/30/2010	SEIFEL CONSULTING, INC. SAN FRANCISCO, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
9/30/2010	TITAN OUTDOOR LLC NEW YORK, NY 10022	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	
9/30/2010	VERNAZZA WOLFE ASSOCIATES, INC. OAKLAND, CA 94618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50.00	\$550.00	
9/30/2010	RAFAEL YAQUIAN ALBANY, CA 91706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GOLDFARB & LIPMAN, LLP ATTORNEY	\$100.00	\$100.00	
<b>SUBTOTAL</b>				\$902,011.16		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 07/01/2010  
through 09/30/2010

CALIFORNIA  
FORM **460**

Page 47 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER

1322292

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	

SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 07/01/2010 through 09/30/2010	<b>CALIFORNIA FORM 460</b>
	Page 48 of 108
I.D. Number 1322292	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	



# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2010</u> through <u>09/30/2010</u>	<b>CALIFORNIA FORM 460</b>
Page <u>49</u> of <u>108</u>	I.D. Number 1322292

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		SCHEDULE D	
from	07/01/2010	CALIFORNIA FORM 460	
through	09/30/2010	Page 50 of 108	
NAME OF FILER YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS		I.D. NUMBER 1322292	

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution				
		<input type="checkbox"/> Nonmonetary Contribution				
		<input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution				
		<input type="checkbox"/> Nonmonetary Contribution				
		<input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution				
		<input type="checkbox"/> Nonmonetary Contribution				
		<input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL						
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**Schedule D Summary**

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \_\_\_\_\_
2. Unitemized contributions and independent expenditures made this period of under \$100 ..... \_\_\_\_\_
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** \_\_\_\_\_

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2010 through 09/30/2010	<b>CALIFORNIA FORM 460</b> Page 51 of 108 I.D. NUMBER 1322292
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NIELSEN, MERKSAMER, PARRINELLO, MUELLER AND NAYLOR, LLP SACRAMENTO, CA 95814	PRO		STEVEN S. LUCAS, COMMITTEE TREASURER, IS A PARTNER OF PAYEE	\$37,830.24
FAIRBANK, MASLIN, MAULLIN, METZ & ASSOCIATES SANTA MONICA, CA 90404	POL			\$51,000.00
WINNER & MANDABACH CAMPAIGNS LOS ANGELES, CA 90067	CNS			\$30,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$636,000.13
2. Unitemized payments made this period of under \$100. ....	\$60.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$636,060.13

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2010		
through 09/30/2010		Page 52 of 108
NAME OF FILER YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS		I.D. NUMBER 1322292

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BICKER, CASTILLO AND FAIRBANKS SACRAMENTO, CA 95814	CNS			\$35,000.00
BICKER, CASTILLO AND FAIRBANKS SACRAMENTO, CA 95814			REIMBURSED EXPENSES	\$285.52
LEAGUE OF CALIFORNIA CITIES (NON-PUBLIC FUNDS) SACRAMENTO, CA 95814			SEE SCHEDULE G	\$21,628.13
LEAGUE OF CALIFORNIA CITIES (NON-PUBLIC FUNDS) SACRAMENTO, CA 95814			SEE SCHEDULE G	\$35,211.18
CAPITAL CAMPAIGNS, INC. TARZANA, CA 91356	CNS			\$12,500.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through 09/30/2010		Page 53 of 108
NAME OF FILER YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS		I.D. NUMBER 1322292

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123			CREDIT CARD FEES	\$150.00
WINNER & MANDABACH CAMPAIGNS LOS ANGELES, CA 90067			REIMBURSED EXPENSES; UNDER \$500	\$583.76
WINNER & MANDABACH CAMPAIGNS LOS ANGELES, CA 90067	CNS			\$30,000.00
WINNER & MANDABACH CAMPAIGNS LOS ANGELES, CA 90067			REIMBURSED EXPENSES	\$56.36
GRASSROOTSLAB, LLC IRVINE, CA 92614	WEB			\$5,250.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2010		
through 09/30/2010		Page 54 of 108
NAME OF FILER YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS		I.D. NUMBER 1322292

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123			CREDIT CARD FEES	\$37.50
COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123			CREDIT CARD FEES	\$18.75
LEAGUE OF CALIFORNIA CITIES (NON-PUBLIC FUNDS) SACRAMENTO, CA 95814			SEE SCHEDULE G	\$35,765.12
GRASSROOTSLAB, LLC IRVINE, CA 92614	WEB			\$5,250.00
NIELSEN, MERKSAMER, PARRINELLO, MUELLER AND NAYLOR, LLP SACRAMENTO, CA 95814	PRO		STEVEN S. LUCAS, COMMITTEE TREASURER, IS A PARTNER OF PAYEE	\$39,135.56

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through 09/30/2010		Page 55 of 108
NAME OF FILER YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS		I.D. NUMBER 1322292

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SUPEROXYGEN, INC. Los Angeles, CA 90004	PRT			\$1,400.00
FAIRBANK, MASLIN, MAULLIN, METZ & ASSOCIATES SANTA MONICA, CA 90404	POL			\$35,665.00
GRASSROOTSLAB, LLC IRVINE, CA 92614	WEB			\$422.62
GRASSROOTSLAB, LLC IRVINE, CA 92614	WEB			\$1,752.95
GRASSROOTSLAB, LLC IRVINE, CA 92614	WEB			\$3,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2010		
through 09/30/2010		Page 56 of 108
NAME OF FILER YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS		I.D. NUMBER 1322292

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BICKER, CASTILLO AND FAIRBANKS SACRAMENTO, CA 95814	CNS			\$50,000.00
BICKER, CASTILLO AND FAIRBANKS SACRAMENTO, CA 95814			REIMBURSED EXPENSES; UNDER \$500	\$571.94
BICKER, CASTILLO AND FAIRBANKS SACRAMENTO, CA 95814			SEE SCHEDULE G	\$818.89
CAPITAL CAMPAIGNS, INC. TARZANA, CA 91356	CNS			\$12,500.00
GRASSROOTSLAB, LLC IRVINE, CA 92614	WEB			\$5,250.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through 09/30/2010		Page 57 of 108
NAME OF FILER YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS		I.D. NUMBER 1322292

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123			CREDIT CARD FEES	\$18.75
COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123			CREDIT CARD FEES	\$7.50
COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123			CREDIT CARD FEES	\$18.75
GRASSROOTSLAB, LLC IRVINE, CA 92614	CNS			\$10,000.00
CALIFORNIA REDEVELOPMENT ASSOCIATION (NON-PUBLIC FUNDS) SACRAMENTO, CA 95814			SEE SCHEDULE G	\$6,804.28

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through 09/30/2010		Page 58 of 108
NAME OF FILER YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS		I.D. NUMBER 1322292

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BICKER, CASTILLO AND FAIRBANKS SACRAMENTO, CA 95814	CNS			\$50,000.00
BICKER, CASTILLO AND FAIRBANKS SACRAMENTO, CA 95814			SEE SCHEDULE G	\$13,214.04
NIELSEN, MERKSAMER, PARRINELLO, MUELLER AND NAYLOR, LLP SACRAMENTO, CA 95814	PRO		STEVEN S. LUCAS, COMMITTEE TREASURER, IS A PARTNER OF PAYEE	\$52,255.79
CAPITAL CAMPAIGNS, INC. TARZANA, CA 91356	CNS			\$12,500.00
WINNER & MANDABACH CAMPAIGNS LOS ANGELES, CA 90067	CNS			\$40,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2010		
through 09/30/2010		Page 59 of 108
NAME OF FILER YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS		I.D. NUMBER 1322292

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123			CREDIT CARD FEES	\$3.75
COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123			CREDIT CARD FEES	\$86.25
COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123			CREDIT CARD FEES	\$7.50

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$636,000.13

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 07/01/2010  
through 09/30/2010

CALIFORNIA  
FORM **460**

Page 60 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER

1322292

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
BICKER, CASTILLO AND FAIRBANKS SACRAMENTO, CA 95814	SEE SCHEDULE G	\$0.00	\$7,597.26	\$0.00	\$7,597.26
WINNER & MANDABACH CAMPAIGNS LOS ANGELES, CA 90067	CNS	\$30,000.00	\$0.00	\$30,000.00	\$0.00
WINNER & MANDABACH CAMPAIGNS LOS ANGELES, CA 90067	CNS	\$0.00	\$40,000.00	\$0.00	\$40,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## SUBTOTALS

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$402,633.58
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$224,644.03
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$177,989.55  
May be a negative number.

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2010  
through 09/30/2010

CALIFORNIA  
FORM **460**

Page 61 of 108

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER  
1322292

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
CALIFORNIA TRANSIT ASSOCIATION (NON-PUBLIC FUNDS) Sacramento, CA 95814	REIMBURSED EXPENSES	\$298.07	\$0.00	\$0.00	\$298.07
CALIFORNIA REDEVELOPMENT ASSOCIATION (NON-PUBLIC FUNDS) SACRAMENTO, CA 95814	SEE SCHEDULE G	\$6,804.28	\$0.00	\$6,804.28	\$0.00
LEAGUE OF CALIFORNIA CITIES (NON-PUBLIC FUNDS) SACRAMENTO, CA 95814	SEE SCHEDULE G	\$21,628.13	\$0.00	\$21,628.13	\$0.00
NIELSEN, MERKSAMER, PARRINELLO, MUELLER AND NAYLOR, LLP SACRAMENTO, CA 95814	PRO STEVEN S. LUCAS, COMMITTEE TREASURER, IS A PARTNER OF PAYEE	\$37,830.24	\$0.00	\$37,830.24	\$0.00

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2010  
through 09/30/2010

CALIFORNIA  
FORM **460**

Page 62 of 108

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER  
1322292

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, email)

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
FAIRBANK, MASLIN, MAULLIN, METZ & ASSOCIATES SANTA MONICA, CA 90404	POL	\$51,000.00	\$0.00	\$51,000.00	\$0.00
BICKER, CASTILLO AND FAIRBANKS SACRAMENTO, CA 95814	CNS	\$35,000.00	\$0.00	\$35,000.00	\$0.00
BICKER, CASTILLO AND FAIRBANKS SACRAMENTO, CA 95814	REIMBURSED EXPENSES	\$285.52	\$0.00	\$285.52	\$0.00
LEAGUE OF CALIFORNIA CITIES (NON-PUBLIC FUNDS) SACRAMENTO, CA 95814	SEE SCHEDULE G	\$35,211.18	\$0.00	\$35,211.18	\$0.00

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2010  
through 09/30/2010

**CALIFORNIA  
FORM 460**

Page 63 of 108

NAME OF FILER  
YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER  
1322292

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
CALIFORNIA TRANSIT ASSOCIATION (NON-PUBLIC FUNDS) Sacramento, CA 95814	SEE SCHEDULE G	\$21,178.06	\$0.00	\$0.00	\$21,178.06
WINNER & MANDABACH CAMPAIGNS LOS ANGELES, CA 90067	REIMBURSED EXPENSES; UNDER \$500	\$583.76	\$0.00	\$583.76	\$0.00
WINNER & MANDABACH CAMPAIGNS LOS ANGELES, CA 90067	REIMBURSED EXPENSES	\$56.36	\$0.00	\$56.36	\$0.00
BICKER, CASTILLO AND FAIRBANKS SACRAMENTO, CA 95814	REIMBURSED EXPENSES; UNDER \$500	\$571.94	\$0.00	\$571.94	\$0.00

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 07/01/2010  
through 09/30/2010

**CALIFORNIA FORM 460**

Page 64 of 108

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER  
1322292

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
GRASSROOTSLAB, LLC IRVINE, CA 92614	WEB	\$422.62	\$0.00	\$422.62	\$0.00
GRASSROOTSLAB, LLC IRVINE, CA 92614	WEB	\$5,250.00	\$0.00	\$5,250.00	\$0.00
SUPEROXYGEN, INC. Los Angeles, CA 90004	LIT	\$0.00	\$2,800.00	\$0.00	\$2,800.00
LEAGUE OF CALIFORNIA CITIES (NON-PUBLIC FUNDS) SACRAMENTO, CA 95814	SEE SCHEDULE G	\$0.00	\$51,578.66	\$0.00	\$51,578.66

**SUBTOTALS**



**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 07/01/2010  
through 09/30/2010

**CALIFORNIA  
FORM 460**

Page 65 of 108

NAME OF FILER  
YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER  
1322292

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NIELSEN, MERKSAMER, PARRINELLO, MUELLER AND NAYLOR, LLP SACRAMENTO, CA 95814	PRO STEVEN S. LUCAS, COMMITTEE TREASURER, IS A PARTNER OF PAYEE	\$0.00	\$36,233.17	\$0.00	\$36,233.17
GRASSROOTSLAB, LLC IRVINE, CA 92614	WEB	\$0.00	\$2,728.59	\$0.00	\$2,728.59
GRASSROOTSLAB, LLC IRVINE, CA 92614	CNS	\$0.00	\$5,250.00	\$0.00	\$5,250.00
GRASSROOTSLAB, LLC IRVINE, CA 92614	WEB	\$0.00	\$1,000.00	\$0.00	\$1,000.00

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2010  
through 09/30/2010

CALIFORNIA  
FORM **460**

Page 66 of 108

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER  
1322292

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
BICKER, CASTILLO AND FAIRBANKS SACRAMENTO, CA 95814	CNS	\$0.00	\$50,000.00	\$0.00	\$50,000.00
BICKER, CASTILLO AND FAIRBANKS SACRAMENTO, CA 95814	SEE SCHEDULE G	\$0.00	\$29,840.97	\$0.00	\$29,840.97
CALIFORNIA VOTER GUIDE TORRANCE, CA 90501	SLATE MAILER	\$0.00	\$102,000.00	\$0.00	\$102,000.00
Committee ID: 595004 LEAGUE OF CALIFORNIA CITIES (NON-PUBLIC FUNDS) SACRAMENTO, CA 95814	SEE SCHEDULE G	\$0.00	\$63,015.90	\$0.00	\$63,015.90

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

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to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 07/01/2010  
through 09/30/2010

**CALIFORNIA  
FORM 460**

Page 67 of 108

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER  
1322292

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
CALIFORNIA TRANSIT ASSOCIATION (NON-PUBLIC FUNDS) Sacramento, CA 95814	SEE SCHEDULE G	\$0.00	\$10,589.03	\$0.00	\$10,589.03
<b>SUBTOTALS</b>		\$246,120.16	\$402,633.58	\$224,644.03	\$424,109.71

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 68 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER  
1322292

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BICKER, CASTILLO AND FAIRBANKS

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CCPPM ELK GROVE, CA 95758	CMP			\$818.89
ARISTOTLE BAJAR SACRAMENTO, CA 95834	LIT			\$680.00
CCPPM ELK GROVE, CA 95758	LIT			\$11,434.68
GENESYS CONFERENCING VIENNA, VA 22182	OFC			\$857.94

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$13791.51

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 69 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER  
1322292

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BICKER, CASTILLO AND FAIRBANKS

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ARISTOTLE BAJAR SACRAMENTO, CA 95834	LIT			\$510.00
CALIFORNIA REPUBLICAN PARTY BURBANK, CA 91506	FND			\$570.00
810163 CCPPM ELK GROVE, CA 95758	LIT			\$10,127.73
CCPPM ELK GROVE, CA 95758	LIT			\$4,413.21

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$15620.94

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 70 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER  
1322292

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BICKER, CASTILLO AND FAIRBANKS

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FEDEX MEMPHIS, TN 38125	LIT			\$785.81
FEDEX MEMPHIS, TN 38125	POS			\$2,094.76
FEDEX KINKO'S PASADENA, CA 91101	LIT			\$7,293.47
FLASHREPORT NEWPORT BEACH, CA 92660	PRT			\$1,625.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$11799.04

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 71 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER  
1322292

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BICKER, CASTILLO AND FAIRBANKS

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GENESYS CONFERENCING VIENNA, VA 22182	LIT			\$1,091.30
GENESYS CONFERENCING VIENNA, VA 22182	OFC			\$569.81
GRAND HYATT HOTEL SAN DIEGO, CA 92101	TRS			\$1,439.71
PRIME SIGNS SACRAMENTO, CA 95825	LIT			\$3,711.53

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$6812.35

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 72 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER  
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

BICKER, CASTILLO AND FAIRBANKS

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SOUTHWEST AIRLINES DALLAS, TX 75235	TRS			\$1,495.60

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1495.60

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 73 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER  
1322292

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CALIFORNIA TRANSIT ASSOCIATION (NON-PUBLIC FUNDS)

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SHAW/YODER/ANTWIH, INC. Sacramento, CA 95814	CNS			\$10,589.03

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$10589.03

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
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to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2010	
through	09/30/2010	Page 74 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER  
1322292

NAME OF AGENT OR INDEPENDENT CONTRACTOR

LEAGUE OF CALIFORNIA CITIES (NON-PUBLIC FUNDS)

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MICHAEL MADRID FAIR OAKS, CA 95628	CNS			\$13,000.00
MICHAEL MADRID FAIR OAKS, CA 95628	CNS			\$13,318.00
GRASSROOTSLAB, LLC IRVINE, CA 92614	WEB			\$1,758.00
MICHAEL MADRID FAIR OAKS, CA 95628	CNS			\$12,140.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$40216.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period

from 07/01/2010

through 09/30/2010

CALIFORNIA  
FORM

460

Page 75 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER  
1322292

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET**  
(Enter the net here and on the Summary Page, Column A, Line 7.)

\*\* If Required

(May be a negative number)

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period

from 07/01/2010

through 09/30/2010

**CALIFORNIA**  
**FORM 460**

Page 76 of 108

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 22/PROTECT LOCAL SERVICES, A COALITION OF PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION AND TAXPAYERS

I.D. NUMBER

1322292

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
7/31/2010	BANK OF MARIN CORTE MADERA, CA 94925	INTEREST EARNED	\$6.86
8/31/2010	BANK OF MARIN CORTE MADERA, CA 94925	INTEREST EARNED	\$21.27
9/30/2010	BANK OF MARIN CORTE MADERA, CA 94925	INTEREST EARNED	\$28.24

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$56.37

### Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$56.37
2. Unitemized increases to cash under \$100 this period.....	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	<b>TOTAL</b> \$56.37

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference:

ADDITIONAL COMMITTEE ADDRESSES: 1121 L STREET, SUITE 803, SACRAMENTO, CA 95814; 100 WILSHIRE BLVD., SUITE 1950, SANTA MONICA, CA 90401

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Memo Reference: INC698

RECEIVED THROUGH INTERMEDIARY: CALIFORNIA REDEVELOPMENT ASSOCIATION, 1400 K ST, STE 204, SACRAMENTO, CA 95814

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Memo Reference: INC699

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Memo Reference: INC700

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Memo Reference: INC1000

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Memo Reference: INC1001

RECEIVED THROUGH INTERMEDIARY: CALIFORNIA TRANSIT ASSOCIATION, 1415 L ST, STE 200, SACRAMENTO, CA 95814

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Memo Reference: INC1002

RECEIVED THROUGH INTERMEDIARY: CALIFORNIA TRANSIT ASSOCIATION, 1415 L ST, STE 200, SACRAMENTO, CA 95814

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Memo Reference: INC1003

RECEIVED THROUGH INTERMEDIARY: CALIFORNIA TRANSIT ASSOCIATION, 1415 L ST, STE 200, SACRAMENTO, CA 95814

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Memo Reference: INC1004

RECEIVED THROUGH INTERMEDIARY: CALIFORNIA TRANSIT ASSOCIATION, 1415 L ST, STE 200, SACRAMENTO, CA 95814

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Memo Reference: INC1005

RECEIVED THROUGH INTERMEDIARY: CALIFORNIA TRANSIT ASSOCIATION, 1415 L ST, STE 200, SACRAMENTO, CA 95814

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Memo Reference: INC1006

RECEIVED THROUGH INTERMEDIARY: CALIFORNIA TRANSIT ASSOCIATION, 1415 L ST, STE 200, SACRAMENTO, CA 95814

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Memo Reference: INC1007

RECEIVED THROUGH INTERMEDIARY: CALIFORNIA TRANSIT ASSOCIATION, 1415 L ST, STE 200, SACRAMENTO, CA 95814

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Memo Reference: INC1008

RECEIVED THROUGH INTERMEDIARY: CALIFORNIA TRANSIT ASSOCIATION, 1415 L ST, STE 200, SACRAMENTO, CA 95814

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Memo Reference: INC1009

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Memo Reference: INC1010

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Memo Reference: INC1011

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Memo Reference: INC1012

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